



MISSOURI DEPARTMENT OF REVENUE
DIVISION OF TAXATION AND COLLECTION

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION
(Compliance with Section 105.262, RSMo)

I, _____, authorize and request the Missouri Department of Revenue to release confidential individual income tax information to

Dept. of Public Safety/MO Veterans Commission (name of agency or department).

I understand the release of this information is to ensure I am in compliance with the individual income tax filing and paying requirements as described in Section 105.262, RSMo. I further agree that this authorization will be effective immediately upon my signature. If I am employed by the State of Missouri, this authorization will be ongoing until I leave employment from the State of Missouri.

My social security number is: _____

The Director of Revenue and Department personnel, are hereby released from any and all liability pursuant to unauthorized disclosures of confidential tax information resulting from release of information under Section 32.057, RSMo, or any other applicable confidentiality statute.

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief it is true, correct, and complete.

SIGNATURE

DATE

This form is to be retained by the Agency. Do not send to the Department of Revenue.